

KY. BOARD OF LANDSCAPE ARCHITECTS
ANNUAL **ACTIVE** RENEWAL NOTICE
FISCAL YEAR JULY 1, 2015 – JUNE 30, 2016

AMOUNT DUE = **\$200 Active Renewal Fee + \$40 Late Fee = \$240**

Due on or before August 31, 2015



Name: _____

Work phone: _____

Employer: _____

Cell phone: _____

Address: _____

Email: _____

City, State, Zip: _____

KY LA Registration #: _____

MAKE CHECKS PAYABLE TO & REMIT CHECKS TO:

Ky. Board of Landscape Architects
163 West Short Street, Suite 351
Lexington, KY 40507

Each box below must be checked in order to renew:

☐ I hereby request that my Landscape Architect registration listed above be renewed in the Commonwealth of Kentucky.

STATEMENT OF FACT - REQUIRED BY KRS 164.772

☐ I hereby state that I am not in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority. I understand that if I am in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority, my registration to practice landscape architecture in the Commonwealth of Kentucky may not be issued.

Signature

Date

PLEASE NOTE: Any inquiries or publication of registrants after June 30 will list as valid only those licenses which have been renewed. KRS 323A.010(6) provides that any license not renewed within 60 days of June 30 will be automatically suspended.

In addition to this form, the
CONTINUING EDUCATION REPORTING FORM (CE-1)
Must be completed for registration renewal.

Please print the above form from the Board website, complete and submit it with your payment & this form.

Kentucky Board of Landscape Architects
163 West Short Street, Suite 351, Lexington, KY 40507 (859) 246-2753 ky.labd@ky.gov

Continuing Education Approval Request & Affidavit – 5/02
(Form #CE-1)

Date _____

Name _____ Registration # _____

Address _____

| This Column To Be Completed by Applicant | Credit Hours | Board Use Only | |
|---|--------------|----------------|-------------|
| Conference Sessions Requested for Approval (Date, Title, Location) | Earned | Approved | Disapproved |
| Carry forward Hours | _____ | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| TOTAL | _____ | Reviewed by: | _____ |
| Carry forward Hours (Above TOTAL less 15 hours) (Maximum Carry forward = 15) | _____ | Approved by: | _____ |

AFFIDAVIT OF COMPLIANCE: I certify that I attended the above continuing education courses and that the hours attended are correct. By certifying that I attended the above listed courses, I understand that my license to practice Landscape Architecture in the Commonwealth of Kentucky may be revoked if I falsify any of the information or if I did not attend a listed course. I understand that the Kentucky State Board of Examiners & Registration of Landscape Architects has the right to verify my attendance to the above listed courses. I have retained in my files a registration receipt, canceled check or other acceptable verification of my attendance to the above listed course.

Signature

Printed or Typed Name

Date

This form must be legibly printed or typed for Board review. This form must also be signed and sealed. The Board shall audit, based upon a random selection, at least five percent (5%) and no more than fifteen percent (15%) of the registrants.

SEAL